

Respiratory Nurse Specialist – Pleural Disease

Background:

General information for respiratory nurse specialists, including the BTS professional development frameworks for both adult and paediatric respiratory nursing is available here:

www.brit-thoracic.org.uk/workforce/respiratory-nurses/

The BTS pleural disease organisational audit report (2021/22) highlighted the workforce issues in relation to pleural disease nurses. The report is available here: <https://www.brit-thoracic.org.uk/quality-improvement/clinical-audit/national-pleural-services-organisational-audit-2021/>

Following the audit, the framework for adult nursing has been adapted specifically for pleural nurses. This document is intended to illustrate the career development opportunities to help both attract and retain specialist nurses working in pleural disease. This document can be reproduced by teams locally.

We are grateful to Laura McNaughton, Matthew Evison and Andrew Stanton for leading this work.

Job purpose:

Specialist Pleural Nurses (SPNs) play a central pivotal role in the management of patients with pleural disease and bring a varied and valuable skillset. The specialist pleural nurse practitioner will play a key role in reducing length of stay and improving the quality of care & experience of care for respiratory patients. They will work across the following areas:

- Patient assessment (including bedside thoracic ultrasound) in Accident & Emergency (A&E), Medical Assessment Unit (MAU), short stay wards and other wards within the hospital as required.
- Respiratory ward/unit.
- Outpatient clinics including dedicated pleural clinics.
- Procedural units including dedicated pleural rooms.
- Telephone/virtual clinics.
- Patient & pathway navigation including email, telephone referrals, rapid access / hotline referrals, post-procedure care.

All of these areas focus on early assessment & intervention in patients with pleural disease, facilitating early supported discharges, admissions and readmissions avoidance and providing holistic care throughout the patient journey. Those taking a role as a specialist nurse will be supported by a Consultant Respiratory Physician & the clinical lead for the service.

Table 1 (below) indicates the key experience and skills in pleural disease required for those seeking employment as a band 6 to band 8 specialist pleural nurse. The core skillset for each band is highlighted to assist teams identify the appropriate nursing ratios as they develop or expand their pleural service & ensure appropriate pay banding for this area of work. Clearly attainment of these some core skills may require specific and focussed training on commencement of any post.

Example job descriptions and case studies will be provided in time to support recruitment and standardisation of service delivery.

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Table 1: Pay Band framework for Specialist Pleural Nurses

	Qualifications	Core clinical skills	Knowledge / training and experience	Leadership and management	QI & service development
Band 6	Registered nurse Nursing degree (BSc)/ Diploma	<p>Competency in aseptic non-touch technique.</p> <p>Competency in surgical scrub process & creating a sterile field/draping for pleural procedures including local anaesthetic thoracoscopy.</p> <p>Able to interpret blood results to ensure safe procedure. Or able to complete pre-procedure safety checklist.</p> <p>Able to assess respiratory status of patients with pleural disease to support appropriate triage for intervention / further clinical review.</p> <p>To assist the primary operator (scrub nurse role) in advanced pleural procedures.</p> <p>Thoracic Ultrasound – Level 4 CiP Emergency Operator* if appropriate to service.</p>	<p>Specialist knowledge, including disease specific management pathways:</p> <ul style="list-style-type: none"> • Pleural anatomy • Pleural physiology • Pneumothorax • Pleural infection • Malignant pleural effusions. <p>Care & management (in-reach to wards) of patients post basic pleural procedures including:</p> <ul style="list-style-type: none"> • Diagnostic pleural aspiration • Therapeutic pleural aspiration • Chest drain insertion • Talc slurry pleurodesis. <p>Providing education & training to patients, ward teams and district nurses/carers/families:</p> <ul style="list-style-type: none"> • IPC drainage • IPC drainage schedules • Troubleshooting IPC-related issues • Chest drain management. <p>Complete a risk assessment document and safety netting with a patient that has</p>	<p>Works under the direction of lead nurse.</p> <p>Clinical supervision of other members of the team e.g. HCA/student nurse/medical students/junior doctors.</p> <p>Participation in networking opportunities.</p> <p>Working closely with and being an active member of Mesothelioma/ Respiratory/oncology teams.</p> <p>Supports education to nurses working in environments with ICD, post Thoracoscopy and IPCs.</p>	<p>Participates in audit, quality improvement and research.</p> <p>Lead the evaluation of experience of care within the pleural service.</p>

	Qualifications	Core clinical skills	Knowledge / training and experience	Leadership and management	QI & service development
Band 6 cont.		<p>To take informed consent for basic pleural procedures of a diagnostic pleural aspiration and talc slurry.</p> <p>Ability to independently perform:</p> <ul style="list-style-type: none"> • Talc slurry via an intercostal chest drain (ICD) or IPC • Drainage of an IPC including taking a diagnostic sample • ICD & IPC flush with normal saline • ICD removal/pleural vent removal • Attaching a Heimlich valve & bag to an ICD for ambulatory / outpatient management <p>Working towards performing 40-60ml diagnostic pleural aspiration in a large uncomplicated pleural effusion if appropriate to service.</p> <p>Ability to recognise and initiate management of symptomatic breathlessness and signpost to appropriate palliative care services.</p> <p>Assessment of performance status and clinical frailty score.</p>	<p>been deemed eligible for ambulatory / outpatient care with Heimlich valve/device for an air leak (by a senior clinician).</p> <p>Support the assessment & review of patients in an OPC with close supervision from a respiratory / pleural consultant</p>		

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Band 7 <i>In addition to band 6 requirements</i>	<i>Non-medical Prescribing (if relevant to service requirement)</i>	<p>Thoracic Ultrasound – Level 5 CiP Emergency Operator*</p> <p>Thoracic Ultrasound – Level 4 CiP Primary Operator*</p> <p>To discuss and take informed consent for pleural procedures of a therapeutic pleural aspiration, Seldinger chest drain and indwelling pleural catheter removal.</p> <p>Ability to independently perform:</p> <ul style="list-style-type: none"> • Large volume (500-1500ml) therapeutic pleural aspiration • Intercostal chest drain insertion (Seldinger technique) • IPC removal • Insertion of a Pleural vent • Delivery of intra-pleural enzyme therapy (TPA and DNase) in pleural infection (when prescribed by a senior clinician) • Delivery of Urokinase via IPC for blocked tube (when prescribed by a senior clinician) 	<p>Greater depth and more specialist knowledge of disease including additional areas of:</p> <ul style="list-style-type: none"> • Cardiac/renal/hepatic pleural effusions • Non-specific pleuritis • Asbestos-related pleural disease • Chylothorax/pseudochylothorax. <p>Ability to counsel patients and support shared decision-making in pleural disease:</p> <ul style="list-style-type: none"> • Management of a malignant pleural effusion • Management of a primary spontaneous pneumothorax <p>Able to interpret pleural aspiration fluid results:</p> <ul style="list-style-type: none"> • Exudate versus transudate (lights criteria) • Other relevant biochemistry findings • Microbiology results • Cytology results <p>CXR interpretation:</p> <ul style="list-style-type: none"> • Recognise pneumothorax • Pleural effusion <p>Triage urgency of referrals and symptoms to support admission avoidance and good experience of care.</p>	<p>Nursing lead for the service overseeing appraisal, rotas & governance.</p> <p>Provides education to nurses working in in environments with ICD, post Thoracoscopy and IPCs.</p> <p>Able to manage a complex caseload of patients with varied diagnosis.</p> <p>Supports TUS mentor / pleural procedural lead in local training of emergency operator thoracic USS operator, and pleural procedures: diagnostic & therapeutic aspiration, Seldinger chest drain insertion.</p>	<p>Promotes and engages in audit, service development, improvements and expansion.</p>

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Band 7 cont.			<p>Advanced communication skills that include the discussion of differential diagnosis of malignancy, role and referral to palliative care services.</p> <p>Identify and signpost patients eligible for compensation due to asbestos related pleural disease.</p> <p>Clinical assessments & review of patients in an OPC require discussion with middle grade / consultant</p>		
<p>Band 8 <i>In addition to band 6/7 requirements</i></p>	<p>Post graduate qualification/ or working towards one (Masters or PhD)</p> <p>Working towards or completed clinical assessment/advanced decision-making degree modules.</p>	<p>Thoracic Ultrasound – Level 4 CiP Advanced Operator*</p> <p>To take informed consent for advanced pleural procedures including IPC insertion and local anaesthetic thoracoscopy</p> <p>Ability to independently perform:</p> <ul style="list-style-type: none"> • Blunt dissection chest drain insertion • Insertion of an IPC • Local anaesthetic thoracoscopy • Assessment of pleurodesis using ultrasound (SIMPLE trial protocol) • USS-guided pleural biopsy 	<p>History, examination & investigation request/review with formulation of a management plan for patients with pleural disease. This includes:</p> <ul style="list-style-type: none"> • Occupational history • Connective tissue disease history • Identification of relevant medications <p>Expert knowledge of pleural disease / conditions and their management (including long term management). Examples include:</p> <ul style="list-style-type: none"> • Assessment of patients for intra-pleural enzyme therapy. • Discharge decisions to support reduced length of stay. • Post-procedure assessment for advanced pleural procedures including local anaesthetic thoracoscopy. 	<p>Strategic leadership.</p> <p>Participates in meetings beyond the Trust (i.e. regional/national).</p> <p>Supports training in advanced pleural procedures. IPC insertion, Pleurodesis assessment using US, blunt dissection chest drain.</p>	<p>Leads audit, quality improvement and research projects, including local Sub-I / PI roles.</p> <p>Published research.</p>

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Band 8 cont.		Expert management of symptomatic breathlessness including medical management.	<ul style="list-style-type: none"> • Discussion of biopsy results, including diagnosis of mesothelioma. • Identification of patients requiring referral to thoracic surgical team e.g. in persistent air leak and pleural infection. • Decision to remove an IPC due to successful pleurodesis. <p>CXR interpretation including:</p> <ul style="list-style-type: none"> • Decision to undertake talc slurry pleurodesis. • Post pleural procedure CXR review to detect complications such as pneumothorax. • Identification (with clinical history/setting) of a trapped lung. <p>Basic CT interpretation skills of malignant versus benign pleural disease.</p> <p>Able to independently manage a patient on an ambulatory outpatient pneumothorax pathway including consultation, assessment for ongoing air leak and management plan.</p>		

*As per the BTS Training Standards in Thoracic Ultrasound which is available here: <https://www.brit-thoracic.org.uk/workforce/specialty-respiratory-trainees/respiratory-curriculum-and-related-resources/>